



NITROUS OXIDE SEDATION | INFORMED CONSENT

Patient Name: _____ ☐ Male ☐ Female DOB: ____/____/____
D M YR

Parent/Guardian Name (if applicable): _____

The purpose of this Consent Form is for the patient's parents/guardian to understand and give permission for the use of Nitrous Oxide (N₂O₂), when provided along with dental treatment.

- I can attest that the patient has been fasting for **2 hours prior** to this appointment. (nothing to eat or drink)
- I accept and understand that the purpose and benefits of Nitrous Oxide is to make it more comfortable for the patient to receive the necessary dental care. Benefits of using this sedation method are that the patient remains awake and can respond to directions and questions, and it helps patients to overcome anxiety, fear, and apprehension.
- I accept and understand that Nitrous Oxide will be administered by way of the inhalation route.
 - Nitrous Oxide Sedation is a mild form of conscious sedation used to help calm a patient. It is a colourless, odourless gas which can also help reduce pain. It is administered through a small mask placed over the nose. Once the procedure is completed, the patient will be provided with pure oxygen for at least 3 minutes and allowed to recover. They may then continue with your daily routine.
- I accept and understand that a local anesthetic will be used during the dental procedure.
- I accept and understand that if the patient will not accept the mask, Nitrous Oxide cannot be used.
- I accept and understand that the alternatives to Nitrous Oxide are:
 - No Nitrous Oxide: The necessary procedure is performed under local anesthetic only.
- I accept and understand that the use of Nitrous Oxide has limitations and risks and absolute success can NOT be guaranteed. The use of Nitrous Oxide has been fully explained to me, including all risks involved:
 - Risks include, but are not limited to: numbness or tingling in the fingers, toes, cheeks, lips; heaviness in their legs, followed by a lighter feeling; fits of uncontrollable laughter/giddiness; inability to perceive one's spatial orientation; lightweight or floating sensation; feeling of nausea/vomiting.
(All of these complications are temporary.)
- I have informed the doctor of my child's complete medical history including any recent surgeries or changes in medical history involving lung, respiratory, ear infection or common cold. (Note: Nitrous Oxide Sedation cannot be used if the patient is pregnant.)
- I accept and understand that I must notify the doctor if my child: (1) has sensitivity to any medication, or (2) is presently on psychiatric mood altering drugs or other medications.
- I accept and understand that I must follow all recommended instructions for my child.
- I have had the opportunity to discuss the Nitrous Oxide in conjunction with my child's dental treatment and have had an opportunity to ask questions, and am fully satisfied with the answers I received.
- I give my informed consent to the administration of N₂O₂ sedation for the patient, and agree to hold harmless, release, and indemnify agents, servants, students, and employees of the practice from any and all causes of actions, claims, demands, or liability that may arise out of such treatment on behalf of myself, the patient, my heirs, my executors, administrators or assigns; or on behalf of my minor child or children or his/her (their) heirs, executors, administrators, or assigns.

Patient or Parent/Guardian: _____ Date: ____/____/____

Dentist/Operator: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____